

SERFF Tracking Number:	STNA-125360921	State:	Arkansas
Filing Company:	State National Insurance Company Inc.	State Tracking Number:	## \$50
Company Tracking Number:	SNIC-CA-CIMI-AR-07-06-F		
TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	SNIC-CA-CIMI-AR-07-06-F		
Project Name/Number:	SNIC-CA-CIMI-AR-07-06-F/SNIC-CA-CIMI-AR-07-06-F		

Filing at a Glance

Company: State National Insurance Company Inc.

Product Name: SNIC-CA-CIMI-AR-07-06-F	SERFF Tr Num: STNA-125360921	State: Arkansas
TOI: 20.0 Commercial Auto	SERFF Status: Closed	State Tr Num: ## \$50
Sub-TOI: 20.0003 Other	Co Tr Num: SNIC-CA-CIMI-AR-07-06-F	State Status: Fees verified

Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Ines Piquet	Disposition Date: 11/26/2007
	Date Submitted: 11/20/2007	Disposition Status: Approved
Effective Date Requested (New): 12/01/2007		Effective Date (New): 12/01/2007
Effective Date Requested (Renewal): 12/01/2007		Effective Date (Renewal): 12/01/2007

General Information

Project Name: SNIC-CA-CIMI-AR-07-06-F	Status of Filing in Domicile: Pending
Project Number: SNIC-CA-CIMI-AR-07-06-F	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 11/26/2007	
State Status Changed: 11/26/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
On behalf of State National Insurance Company (the "Company"), we are filing new and revised forms for the CIMI Specialized Business Program in your jurisdiction.	

The enclosed forms list provides further details regarding the details of these endorsements. These forms clarify coverage and have no bearing on the premium charged to policyholders. No other changes are being proposed with this filing.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to

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this filing should be directed to Perr&Knight. The Company has prepared the forms contained in this filing along with the explanatory memorandum. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company. We will submit the Company's response to your attention as soon as we receive it.

We respectfully request this filing to be effective December 1, 2007 for new business and December 1, 2007 for renewal business.

Company and Contact

Filing Contact Information

Ines Piquet, Regulatory Compliance Mgr (P&K) doi@perrknight.com
 881 Alma Real Drive, Suite 205 (310) 230-9339 [Phone]
 Pacific Palisades, CA 90272 (310) 230-8529[FAX]

Filing Company Information

State National Insurance Company Inc.	CoCode: 12831	State of Domicile: Texas
8200 Anderson Boulevard	Group Code: 93	Company Type: Property & Casualty
Fort Worth, TX 76120	Group Name:	State ID Number:
(800) 877-4567 ext. [Phone]	FEIN Number: 75-1980552	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	AR filing fee is \$50 for form submissions.
Per Company:	No

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
101460	\$50.00	11/16/2007

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<i>Product Name:</i>	<i>SNIC-CA-CIMI-AR-07-06-F</i>		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	11/26/2007	11/26/2007

<i>SERFF Tracking Number:</i>	<i>STNA-125360921</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-CIMI-AR-07-06-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>SNIC-CA-CIMI-AR-07-06-F</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-CIMI-AR-07-06-F/SNIC-CA-CIMI-AR-07-06-F</i>		

Disposition

Disposition Date: 11/26/2007

Effective Date (New): 12/01/2007

Effective Date (Renewal): 12/01/2007

Status: Approved

Comment:

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

SERFF Tracking Number:	STNA-125360921	State:	Arkansas
Filing Company:	State National Insurance Company Inc.	State Tracking Number:	#? \$50
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TOI:	20.0 Commercial Auto	Sub-TOI:	20.0003 Other
Product Name:	SNIC-CA-CIMI-AR-07-06-F		
Project Name/Number:	SNIC-CA-CIMI-AR-07-06-F/SNIC-CA-CIMI-AR-07-06-F		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms List, Side-by-Side Comparison Forms, Letter of Authorization, Filing Memorandum	Approved	Yes
Form	Motor Carrier Declarations	Approved	Yes
Form	Truckers Declarations	Approved	Yes
Form	Physical Damage Premium To Value Endorsement	Approved	Yes
Form	Loss Payee	Approved	Yes
Form	Coverage Limitation - Trailers	Approved	Yes
Form	Forms List	Approved	Yes
Form	Payment Schedule	Approved	Yes

SERFF Tracking Number: STNA-125360921 State: Arkansas

Filing Company: State National Insurance Company Inc. State Tracking Number: #? \$50

Company Tracking Number: SNIC-CA-CIMI-AR-07-06-F

TOI: 20.0 Commercial Auto Sub-TOI: 20.0003 Other

Product Name: SNIC-CA-CIMI-AR-07-06-F

Project Name/Number: SNIC-CA-CIMI-AR-07-06-F/SNIC-CA-CIMI-AR-07-06-F

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Motor Carrier Declarations	CIMI CA 00 6 07	06 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 CIMI CA 00 4 06 Previous Filing #: AR-PC-06-017977		CIMI CA 00 6 07.pdf
Approved	Truckers Declarations	CIMI CA 01 6 07	06 07	Declaration Replaced s/Schedule	Replaced Form #:0.00 CIMI CA 01 4 06 Previous Filing #: AR-PC-06-017977		CIMI CA 01 6 07.pdf
Approved	Physical Damage Premium To Value Endorsement	CIMI CA 16 6 07	06 07	Endorseme Replaced nt/Amendm ent/Condi tions	Replaced Form #:0.00 CIMI CA 16 9 05 Previous Filing #: AR-PC-05-016719		CIMI CA 16 6 07.pdf
Approved	Loss Payee	CIMI CA 27 6 07	06 07	Endorseme New nt/Amendm ent/Condi tions		0.00	CIMI CA 27 6 07.pdf
Approved	Coverage Limitation - Trailers	CIMI CA 28 6 07	06 07	Endorseme New nt/Amendm ent/Condi tions		0.00	CIMI CA 28 6 07.pdf
Approved	Forms List	SNFORM LIST 8 07	08 07	Other New		0.00	SNFORMLIS T 8 07.pdf
Approved	Payment Schedule	SNPAYSC HED 8 07	08 07	Declaration New s/Schedule		0.00	SNPAYSCH ED 8-07.pdf

STATE NATIONAL INSURANCE COMPANY

MOTOR CARRIER DECLARATIONS

POLICY NO.:

PRODUCER:

PREVIOUS POLICY NO.:

ITEM ONE

NAMED INSURED AND MAILING ADDRESS:

POLICY PERIOD: From _____ to _____
 at 12:01 A.M. Standard Time at your mailing address shown above.

FORM OF BUSINESS:
☐ CORPORATION ☐ LIMITED LIABILITY COMPANY ☐ INDIVIDUAL

☐ PARTNERSHIP ☐ OTHER _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$

AUDIT PERIOD (IF APPLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:**IL 00 17 - Common Policy Conditions (IL 01 46 in Washington)****IL 00 21 - Broad Form Nuclear Exclusion (Not Applicable in New York)**

COUNTERSIGNED

BY

(Date)_____
(Authorized Representative)

ITEM TWO
SCHEDULE OF COVERAGES AND COVERED AUTOS

Policy Number:

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". **"Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form next to the name of the coverage.**

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Motor Carrier Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When Not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$25 Ded. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OR REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	
PREMIUM FOR ENDORSEMENTS			\$
*ESTIMATED TOTAL PREMIUM			\$

* This policy may be subject to final audit.

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

	DESCRIPTION					PURCHASED		TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)					Original Cost New	Actual Cost New (N) Or Used (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
						\$	\$		
						\$	\$		
						\$	\$		
						\$	\$		
Covered Auto No.	CLASSIFICATION							Except For Towing All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.	
	Radius of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		
					Liab.	Phy. Dam.			
COVERAGES -PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)									
Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.		PROP. PROT. INS. (Mi Only)		
	Limit*	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium		
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
	\$	\$	\$	\$	\$	\$	\$		\$
Total Premium		\$		\$	\$				\$
Covered Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)						
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Benefits End. For Each Person			Premium			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
	\$	\$	\$			\$			
Total Premium		\$				\$			
Covered Auto No.	UNINSURED MOTORIST			UNDERINSURED MOTORISTS					
	Limit*	Premium		Limit*	Premium				
	\$	\$		\$	\$				
	\$	\$		\$	\$				
	\$	\$		\$	\$				
	\$	\$		\$	\$				
Total Premium		\$			\$				
Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR		
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
	\$	\$	\$	\$	\$	\$	\$	\$	
Total Premium		\$		\$		\$		\$	

*Split limits are presented in thousands of dollars.

ITEM FOUR**SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS**

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR MOTOR CARRIER OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR MOTOR CARRIER OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liab. Cov. is Primary)	PREMIUM
	\$	\$		\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT - RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
	\$			\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

POLICY NUMBER:

RATING BASIS	NUMBER	PREMIUM
Number of Employees		\$
Number of Partners		\$
TOTAL PREMIUM		\$

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION		\$	\$
TOTAL PREMIUM			\$

ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS				
	<input type="checkbox"/> Receipts	<input type="checkbox"/> Miles	<input type="checkbox"/> Units	
	Rate			Premium
1) Total "gross receipts", "total miles", or "total units" from owned equipment				
2) Total "gross receipts", "total miles", or "total units" from equipment leased "from others"				
3) 15% of "gross receipts", "total miles", or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below				
4) Total "gross receipts", "total miles", or "total units"				
TOTAL PREMIUM				\$
MINIMUM %				MINIMUM PREMIUM \$

Reporting Period: ___ Monthly ___ Quarterly ___ Annual

Premium Payment Basis: ___ Monthly ___ Quarterly ___ Annual

5. *NOTE - VERY IMPORTANT - 15% applies only if you have the following documents:

1. A written contract requiring the lessee to provide the primary insurance; and
2. A written hold harmless agreement from the lessee to your benefit; and
3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from an U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

STATE NATIONAL INSURANCE COMPANY

TRUCKERS DECLARATIONS

Policy No.

PREVIOUS POLICY NUMBER

ITEM ONE -

Named Insured and Mailing Address

Producer's Name and Mailing Address

Policy Period From _____ to _____ at 12:01 A. M. Standard Time at your mailing address shown above.

Form of Business:

☐ Individual
 ☐ Partnership
 ☐ Corporation
 ☐ Limited Liability Company
☐ Other _____

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

Premium shown is payable at inception: \$

AUDIT PERIOD (IF APPLICABLE)	ANNUALLY	SEMI-ANNUALLY	QUARTERLY	MONTHLY
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ENDORSEMENTS ATTACHED TO THIS POLICY:**IL 0017 - Common Policy Conditions (IL 01 46 in Washington)****IL 0021 - Broad Form Nuclear Exclusion (Not Applicable in New York)**

COUNTERSIGNED _____
(Date)

BY _____
(Authorized Representative)

POLICY NUMBER:**ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS**

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form next to the name of the coverage.

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the Covered Autos Section of the Truckers Coverage Form shows which autos are covered autos.)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY		\$	\$
PERSONAL INJURY PROTECTION (or equivalent No-Fault Coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ DED.	\$
ADDED PERSONAL INJURY PROTECTION (or equivalent Added No-Fault Coverage)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT.	\$
PROPERTY PROTECTION INSURANCE (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ DED. FOR EACH ACCIDENT.	\$
MEDICAL PAYMENTS		\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia only)		SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT.	\$
UNINSURED MOTORISTS		\$	\$
UNDERINSURED MOTORISTS (When not included in Uninsured Motorists Coverage)		\$	\$
TRAILER INTERCHANGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS.	\$
TRAILER INTERCHANGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
TRAILER INTERCHANGE COLLISION COVERAGE		ACTUAL CASH VALUE, COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$
PHYSICAL DAMAGE SPECIFIED CAUSES OF LOSS COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$
PHYSICAL DAMAGE COLLISION COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$
PHYSICAL DAMAGE TOWING AND LABOR		\$ For Each Disablement Of A Private Passenger "Auto".	\$
		PREMIUM FOR ENDORSEMENTS	\$
		*ESTIMATED TOTAL PREMIUM	\$

*This policy may be subject to final audit.

POLICY NUMBER:

ITEM THREE SCHEDULE OF COVERED AUTOS YOU OWN

DESCRIPTION		PURCHASED		TERRITORY	
Covered Auto No.	Year, Model, Trade Name, Body Type Serial Number(S) Vehicle Identification Number (VIN)	Original Cost New	Actual Cost New (N) Or Used (U)	Town & State Where The Covered Auto Will Be Principally Garaged	
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Covered Auto No.	CLASSIFICATION							Except For Towing All Physical Damage Loss Is Payable To You And The Loss Payee Named Below As Interests May Appear At The Time Of The Loss.	
	Radius of Operation	Business Use s = service r = retail c = commercial	Size GVW, GCW Or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor		Code
					Liab.	Phy. Dam.			

COVERAGES -PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead.)

Covered Auto No.	LIABILITY		PERSONAL INJURY PROTECTION		ADDED P.I.P.	PROP. PROT. (Mich. Only)	
	Limit*	Premium	Limit Stated In Each P.I.P. End. Minus Deductible Shown Below	Premium	Limit Stated In Each Added P.I.P. End. Premium	Limit Stated In P.P.I. End. Minus Deductible Shown Below	Premium
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$	\$		\$

Covered Auto No.	AUTO MEDICAL PAYMENTS		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (Virginia Only)	
	Limit	Premium	Limit Stated In Each Medical Expense And Income Loss Endorsement For Each Person	Premium
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	UNINSURED MOTORIST		UNDERINSURED MOTORISTS	
	Limit*	Premium	Limit*	Premium
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
Total Premium		\$		\$

Covered Auto No.	COMPREHENSIVE		SPECIFIED CAUSES OF LOSS		COLLISION		TOWING & LABOR	
	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Stated In ITEM TWO Minus Deductible Shown Below	Premium	Limit Per Disablement	Premium
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$	\$	\$
Total Premium		\$		\$		\$		\$

*Split limits are presented in thousands of dollars.

POLICY NUMBER:

ITEM FOUR

SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS

LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS USED IN YOUR TRUCKING OPERATIONS				
ESTIMATED COST OF HIRE		RATE PER EACH \$100 COST OF HIRE		TOTAL ESTIMATED PREMIUM
\$		\$		\$
LIABILITY COVERAGE - RATING BASIS, COST OF HIRE - AUTOS NOT USED IN YOUR TRUCKING OPERATIONS				
STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (If Liability Coverage is Primary)	PREMIUM
		\$	\$	\$
TOTAL PREMIUM				\$
LIABILITY COVERAGE - RATING BASIS, NUMBER OF DAYS - (FOR MOBILE OR FARM EQUIPMENT - RENTAL PERIOD BASIS)				
STATE	ESTIMATED NUMBER OF DAYS EQUIPMENT WILL BE RENTED	BASE PREMIUM	FACTOR	PREMIUM
		\$		\$
TOTAL PREMIUM				\$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE - THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING.	\$	\$	\$
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$	\$	\$
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, OR \$ WHICHEVER IS LESS, MINUS \$ DED. FOR EACH COVERED AUTO.	\$	\$	\$
TOTAL PREMIUM				\$

Cost of Hire means:

- (a) The total dollar amount of costs you incurred for the hire of automobiles (includes trailers and semitrailers), and if not included therein,
- (b) The total remunerations of all operators and drivers helpers, of hired automobiles whether hired with a driver by a lessor or an "employee" of the lessee, or any other third party, and,
- (c) The total dollar amount of any other costs (i.e., repair, maintenance, fuel, etc.) directly associated with operating the hired automobiles whether such costs are absorbed by the insured, paid to the lessor or owner, or paid to others.

POLICY NUMBER:

ITEM FIVE
SCHEDULE FOR NON-OWNERSHIP LIABILITY

RATING BASIS	NUMBER	PREMIUM
Number Of Employees		\$
Number of Partners		\$
TOTAL PREMIUMS		\$

ITEM SIX
TRAILER INTERCHANGE COVERAGE

COVERAGES	LIMIT OF INSURANCE	DAILY RATE	ESTIMATED PREMIUM
COMPREHENSIVE	STATED IN ITEM TWO	\$	\$
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION		\$	\$
TOTAL PREMIUM			\$

ITEM SEVEN
SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS / TOTAL MILES / TOTAL UNITS BASIS				
	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> Units	Rate	Premium	
1) Total "gross receipts", "total miles", or "total units" from owned equipment				
2) Total "gross receipts", "total miles", or "total units" from equipment leased "from others"				
3) 15% of "gross receipts", "total miles", or "total units" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below				
4) Total "gross receipts", "total miles", or "total units"				
		TOTAL PREMIUM	\$	
MINIMUM %		MINIMUM PREMIUM	\$	

Reporting Period: ____ Monthly ____ Quarterly ____ Annual
Premium Payment Basis: ____ Monthly ____ Quarterly ____ Annual

5. *NOTE - VERY IMPORTANT - 15% applies only if you have the following documents:
1. A written contract requiring the lessee to provide the primary insurance; and
 2. A written hold harmless agreement from the lessee to your benefit; and
 3. A certificate of insurance from the lessee which verifies current insurance coverage with limits equal to or greater than your limits from a U.S. admitted insurance carrier with an A.M. Best rating of A-VII or better; and
 4. An additional insured endorsement from the lessee insurance carrier issued to your benefit.

When used as a premium basis:

"Gross Receipts" means the total amount to which the Named Insured is entitled for the shipment or transportation of property during the policy period, whether the shipment originates with the Named Insured or other carrier. It shall include the total amount received from the rental of automobiles, with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "Gross Receipts" shall include only fifteen percent (15%) of the total amount received from such rental of automobiles. Such other carrier shall not be deemed to have provided primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. the lessee provides evidence of an additional insured endorsement issued for your benefit.

"Gross Receipts" does not include (1) the amount which the Named Insured pays to railroads, steamship lines, airlines and other interline connecting motor carriers operating under their own state or federal permits; or (2) direct taxes on the shipper which the Named Insured collects as a separate item and remits directly to a governmental division; or (3) C.O.D. collections for cost of merchandise including collection fees; or (4) warehouse storage charges; or (5) advertising revenue.

"Total Miles" means the mileage, live and dead, of all covered automobiles operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all mileage from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carrier, "total miles" shall include only fifteen percent (15%) of the "total miles" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better; and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and

- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

When to Report

Your reports will be due by the 15th of the month following the end of a reporting period. Your report should include the last business day of each reporting period. For example, if you report monthly, your reports are due on the 15th day of the following month.

How We Will Adjust Your Premium

Premiums for the reporting period will be determined by the information you report and the rates and minimum premiums we have agreed to. After the ending date of your policy, we will have the right to audit your records to determine the actual premium we have earned. If our earned premium is less than what you have paid, we will return the difference. If it is more, you agree to pay us the balance. But you will not pay less than the Minimum Premium shown.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**PHYSICAL DAMAGE
PREMIUM TO VALUE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

We agree that \$_____ is the total value of all your "autos". You may amend the total value by adding or deleting "autos" at any time, showing this change in value in your next report which is to be submitted on the fifteenth (15th) day of the following month. The total value of all of your scheduled "autos" should be determined at the close of the last business day of the reporting period. Short term rentals less than thirty (30) days should be on a pro rata basis.

It is further agreed that the earned premium for this coverage will be computed for the reporting period shown below by applying a rate of _____ per \$100.00 of value to the amount of values of all covered "autos" at the close of the last business day of the reporting period.

We agreed that you will pay to us, upon delivery of the policy, the deposit amount as specified below. You will be given credit for the deposit when the full earned premium, during the life of the policy, is determined in accordance with the audit provisions of this policy.

DEPOSIT \$ _____

REPORTING PERIOD:

- ☐ Monthly
- ☐ Quarterly
- ☐ Annual

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LOSS PAYEE

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
TRUCKERS COVERAGE FORM
MOTOR CARRIER COVERAGE FORM

In consideration of the premium charged, we agree with you that the following Loss Payee is ADDED to and forms a part of this policy:

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COVERAGE LIMITATION - TRAILERS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

The auto liability coverage part does not apply to any "trailer" while attached to any "auto" that is not a covered "auto."

FORMS LIST

We agree with you that the following Endorsements and/or Forms are added to and form a part of this policy:

<u>FORM</u>	<u>EDITION</u>	<u>DESCRIPTION</u>
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PAYMENT SCHEDULE

WE AGREE WITH YOU THAT THE TOTAL ESTIMATED ANNUAL PREMIUM OF
\$ IS PAYABLE AS FOLLOWS:

PAYMENT PLAN:	<u>PAYMENT DUE</u>	<u>AMOUNT</u>
---------------	--------------------	---------------

<i>SERFF Tracking Number:</i>	<i>STNA-125360921</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-CIMI-AR-07-06-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>SNIC-CA-CIMI-AR-07-06-F</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-CIMI-AR-07-06-F/SNIC-CA-CIMI-AR-07-06-F</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>STNA-125360921</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State National Insurance Company Inc.</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
<i>Company Tracking Number:</i>	<i>SNIC-CA-CIMI-AR-07-06-F</i>		
<i>TOI:</i>	<i>20.0 Commercial Auto</i>	<i>Sub-TOI:</i>	<i>20.0003 Other</i>
<i>Product Name:</i>	<i>SNIC-CA-CIMI-AR-07-06-F</i>		
<i>Project Name/Number:</i>	<i>SNIC-CA-CIMI-AR-07-06-F/SNIC-CA-CIMI-AR-07-06-F</i>		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	11/26/2007
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Comments:

Attachments:

2007 NAIC FFS.pdf
2007 NAIC PCTD.pdf

Satisfied -Name:	Forms List, Side-by-Side Comparison Forms, Letter of Authorization, Filing Memorandum	Review Status:	Approved	11/26/2007
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Comments:

Attachments:

Forms List.pdf
CIMI CA 16 Side-by-Side Comparison.pdf
Side-By-Side Comparison - Decs.pdf
AR LOA.pdf
CA Actuarial Memo.pdf

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		SNIC-CA-CIMI-AR-07-06-F		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Motor Carrier Declarations	CIMI CA 00 6 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CIMI CA 00 4 06	AR-PC-06-017977
02	Truckers Declarations	CIMI CA 01 6 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CIMI CA 01 4 06	AR-PC-06-017977
03	Physical Damage Premium To Value Endorsement	CIMI CA 16 6 07	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CIMI CA 16 9 05	AR-PC-05-016719
04	Loss Payee	CIMI CA 27 6 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05	Coverage Limitation - Trailers	CIMI CA 28 6 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06	Forms List	SNFORMLIST 8 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07	Payment Schedule	SNPAYSCHEd 8 07	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

Property & Casualty Transmittal Document


1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
State National Group	093

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
State National Insurance Company	TX	12831	75-1980552	

5. Company Tracking Number	SNIC-CA-CIMI-AR-07-06-F
-----------------------------------	--------------------------------

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Olga E. Burciaga 881 Alma Real Drive, Suite 205 Pacific Palisades, CA 90272	Filing Analyst	888.201.5123 x 163	310.230.8529	doi@perrknight.com
7.	Signature of authorized filer				
8.	Please print name of authorized filer		Olga E. Burciaga		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	20.0000 Commercial Auto
10. Sub-Type of Insurance (Sub-TOI)	20.0003 Other Commercial Auto
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	N/A
12. Company Program Title (Marketing title)	CIMI Specialized Business Program
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: December 1, 2007 Renewal: December 1, 2007
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A
18. Company's Date of Filing	November 19, 2007
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
--

We respectfully request this filing to be effective December 1, 2007 for new business and December 1, 2007 for renewal business.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div data-bbox="149 1400 397 1470"> <p>Check #: 101460</p> <p>Amount: 50.00</p> </div> <div data-bbox="149 1719 1474 1789"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>	

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PC TD-1 pg 2 of 2
F 777 (Ed. 3-07) Wolters Kluwer Financial Services | Uniform Forms™

State National CIMI Program Revisions

Commercial Auto

FORM NO.	TITLE	DESCRIPTION	R - RESTRICTS B - BROADENS C - CLARIFIES
CIMI CA 00 6 07	Motor Carrier Declarations	Revision to CIMI CA 00 4 06. The declarations has been revised for clarification purposes. Attached is a side-by-side comparison.	C
CIMI CA 01 6 07	Truckers Declarations	Revision to CIMI CA 01 4 06. The declarations has been revised for clarification purposes. Attached is a side-by-side comparison.	C
CIMI CA 16 6 07	Physical Damage Premium To Value Endorsement	Revision to CIMI CA 16 9 05. The endorsement has been revised to add a place to show the selected reporting period. Attached is a side-by-side comparison.	C
CIMI CA 27 6 07	Loss Payee	New optional endorsement for adding loss payees.	C
CIMI CA 28 6 07	Coverage Limitation - Trailers	New optional endorsement excludes liability coverage for any "trailer" while attached to any "auto" that is not a covered "auto"	C
SNFORMLIST 8 07	Forms List	New form to list all applicable forms contained in the policy	C
SNPAYSCHEDED 8 07	Payment Schedule	New Optional form for listing payment schedule, if applicable	C

SIDE-BY-SIDE COMPARISON

CIMI CA 16 6 07 PHYSICAL DAMAGE PREMIUM TO VALUE ENDORSEMENT

CIMI CA 16 6 07 Revised	CIMI CA 16 9 05 Replaced
<p>We agree that \$_____ is the total value of all your "autos." You may amend the total value by adding or deleting "autos" at any time, showing this change in value in your next report which is to be submitted on the fifteenth (15th) day of the following month. The total value of all your scheduled "autos" should be determined at the close of the last business day of the <u>reporting period</u>. Short term rentals less than thirty (30) days should be on a pro rata basis.</p>	<p>We agree that \$_____ is the total value of all your "autos." You may amend the total value by adding or deleting "autos" at any time, showing this change in value in your next report which is to be submitted on the fifteenth (15th) day of the following month. The total value of all your scheduled "autos" should be determined at the close of the last business day of each month. Short term rentals less than thirty (30) days should be on a pro rata basis.</p>
<p>It is further agreed that the earned premium for this coverage will be computed <u>for the reporting period shown below</u> by applying a rate of _____ per \$100.00 of value to the amount of values of all covered "autos" at the close of the last business day of <u>the reporting period</u>.</p>	<p>It is further agreed that the earned premium for this coverage will be computed monthly by applying a monthly rate of _____ per \$100.00 of value to the amount of values of all covered "autos" at the close of the last business day of each month.</p>
<p><u>REPORTING PERIOD:</u> <input type="checkbox"/> <u>Monthly</u> <input type="checkbox"/> <u>Quarterly</u> <input type="checkbox"/> <u>Annual</u></p>	<p>N/A</p>

SIDE-BY-SIDE COMPARISON
TRUCKERS DECLARATIONS (CIMI CA 01 6 07)
AND MOTOR CARRIER DECLARATIONS (CIMI CA 00 6 07)

CIMI CA 00 6 07 & CIMI CA 01 6 07 REVISED

ITEM FOUR - PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE - THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, <u>OR \$</u> _____ WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$ _____	\$ _____	\$ _____
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, <u>OR \$</u> _____ WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$ _____	\$ _____	\$ _____
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, <u>OR \$</u> _____ WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO.	\$ _____	\$ _____	\$ _____

ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES OR TOTAL UNITS.
RATING BASIS - LIABILITY COVERAGE

GROSS RECEIPTS/TOTAL MILES/ <u>TOTAL UNITS</u> BASIS				
	<input type="checkbox"/> Receipts <input type="checkbox"/> Miles <input type="checkbox"/> <u>Units</u>	Rate	Premium	
1) Total "gross receipts", "total miles" <u>or "total units"</u> from owned equipment				
2) Total "gross receipts", "total miles" <u>or "total units"</u> from equipment leased from others				
3) 15% of "gross receipts", "total miles" <u>or "total units"</u> from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below.				
4) Total "gross receipts", "total miles" <u>or "total units"</u>				

Reporting Period: Monthly Quarterly Annual
Premium Payment Basis: Monthly Quarterly Annual

"Total Units" means the number of units operated for the shipment or transportation of property during the policy period, whether such shipment originates with the Named Insured or other carrier. It specifically includes all units from the rental of automobiles with or without drivers, to or from any person or organization not engaged in the business of transporting property for hire by automobile. However, if such person or organization provides primary coverage and the Named Insured has not executed a hold harmless agreement agreeing to indemnify the other carriers, "total units" shall include only fifteen percent (15%) of the "total units" from such rental of automobiles. Such other carrier shall not be deemed to have primary coverage unless:

- a. There is a written contract requiring the lessee to provide the primary insurance; and
- b. There is a written hold harmless agreement in which the lessee agrees to hold you harmless from any loss arising from such lease; and
- c. You have obtained and maintain on file a Certificate of Insurance from the lessee verifying insurance coverage current for the policy period with limits equal to or greater than your limits from an insurance carrier admitted to do business in any state and such insurance carrier has an A.M. Best rating of A-VII or better, and
- d. The lessee provides evidence of an additional insured endorsement issued for your benefit.

CIMI CA 00 4 06 & CIMI CA 01 4 06 REPLACED

ITEM FOUR - PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE - THE MOST WE WILL PAY DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$ _____	\$ _____	\$ _____
SPECIFIED CAUSES OF LOSS	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM.	\$ _____	\$ _____	\$ _____
COLLISION	ACTUAL CASH VALUE OR COST OF REPAIR, WHICHEVER IS LESS, MINUS \$ _____ DED. FOR EACH COVERED AUTO.	\$ _____	\$ _____	\$ _____

ITEM SEVEN - SCHEDULE FOR GROSS RECEIPTS OR TOTAL MILES RATING BASIS -
LIABILITY COVERAGE

GROSS RECEIPTS OR TOTAL MILES BASIS			
	Receipts/Miles	Rate	Premium
1) Total "gross receipts" or "total miles" from owned equipment			
2) Total "gross receipts" or "total miles" from equipment leased from others			
3) 15% of "gross receipts" or "total miles" from equipment leased to or from other certified carriers when the equipment is being operated exclusively under the other certified carriers authority. See Note 5. Below.			
4) Total "gross receipts" or "total miles"			



November 15, 2007

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

**Re: Letter of Filing Authorization
State National Insurance Company, Inc.
Commercial Auto
Form Filing**

Dear Ladies/Gentlemen:

This letter will certify that Perr & Knight has been given full authorization to submit the captioned filing on behalf of State National Insurance Company, Inc. This authorization extends to all correspondence regarding this particular filing only. It does not apply to any subsequent filings made after the approval of the referenced filing.

Please direct all correspondence in relation to this filing directly to Perr & Knight, 881 Alma Real Drive, Suite 205, Pacific Palisades, CA. 90272. Should you have any questions concerning this filing, please contact Perr & Knight at (888) 201-5123.

Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "David M. Cleff", written over a horizontal line.

David M. Cleff
Senior Vice President and General Counsel

Cc: File (National American)

**STATE NATIONAL INSURANCE COMPANY
COMMERCIAL AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE**

CIMI SPECIALIZED BUSINESS PROGRAM

FILING MEMORANDUM – FORMS

On behalf of State National Insurance Company ("the Company"), we are filing new endorsements applicable to our commercial automobile CIMI Specialized Business Program in your jurisdiction. The enclosed forms list provides further details regarding the details of these endorsements. These forms clarify coverage and have no bearing on the premium charged to policyholders. No other changes are being proposed with this filing.